Approved for use through 1/31/2007. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/574,255			ing Date 05/2007	To be Mailed
APPLICATION AS FILED — PART I (Column 1) (Column 2) SMALL ENTITY OR SMALL ENTITY OR SMALL ENTITY											
Н	FOR	N	NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)
	BASIC FEE (37 CFR 1 16(a), (b),	or (c))	N/A		N/A	1	N/A		ı	N/A	
	SEARCH FEE (37 CFR 1 16(k), (i),	or (m))	N/A		N/A]	N/A		l	N/A	
	EXAMINATION FE (37 CFR 1.16(a), (p),		N/A		N/A		N/A		l	N/A	
	TAL CLAIMS CFR 1.16(i))		minus 20 =		•		x s =		OR	x s =	
	EPENDENT CLAIM CFR 1.16(h))	IS	minus 3 =			1	X \$ =		1	X \$ =	
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addi	ts of pap 50 (\$125 ional 50 :	er, the applicate for small entity sheets or fracti	ings exceed 100 tion size fee due y) for each ion thereof. See 7 CFR 1.16(s).						
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))						1					
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL			TOTAL	
APPLICATION AS AMENDED – PART II OTHER THAN (Golumn 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY CLAMS HIGHEST											
AMENDMENT	02/07/2011	REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16())	- 20	Minus	·· 20	= 0		X \$26 =	0	OR	x s =	
	Independent (37 CFR 1.16(h))	· 3	Minus	2	- 1	1	X \$110 =	110	OR	X S =	
	Application Size Fee (37 CFR 1.16(s))										
ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(j))					1			OR		
							TOTAL ADD'L FEE	110	OR	TOTAL ADD'L FEE	
(Column 1) (Column 2) (Column 3)											
ENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1,16())		Minus	**]	× \$ =		OR	x s =	
M	Independent (37 CFR 1 16(h))		Minus	***	-]	X \$ =		OR	x s =	
ENDME	Application Size Fee (37 CFR 1.16(s))]			l		
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
									OR	TOTAL ADD'L FEE	
"If the religions Number Previously Paid For IN THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "2". "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For IN THIS SPACE is less than 1, enter "3". The Highest Number Previously Paid For IN THIS SPACE is less than 2, enter "3". The Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". The Highest Number Previously Paid For IN THIS SPACE is less than 2, enter "3". The Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". The Highest Number Previously Paid For IN THIS SPACE is less than 2, enter "3". The Highest Number Previously Paid For IN THIS SPACE is less than 2, enter "3". The Highest Number Previously Paid For IN THIS SPACE is less than 2, enter "3". The Highest Number Previously Paid For IN THIS SPACE is less than 2, enter "3". The Highest Number Previously Paid For IN THIS SPACE is less than 2, enter "3". The Highest Number Previously Paid For IN THIS SPACE is less than 2, enter "3". The Highest Number Previously Paid For IN THIS SPACE is less than 2, enter "3". The Highest Number Previously Paid For IN THIS SPACE is less than 2, enter "3". The Highest Number Previously Paid For IN THIS SPACE is less than 2, enter "3". The Highest Number Previously Paid For IN THIS SPACE is less than 2, enter "3". The Highest Number Previously Paid For IN THIS SPACE is less than 2, enter "3". The Highest Number Previously Paid For IN THIS SPACE is less than 2, enter "3". The Highest Number Previously Paid For IN THIS SPACE is less than 2, enter "3". The Highest Number Previously Paid For IN THIS SPACE is less than 2, enter "4". The Highest Number Previously Paid For IN THIS SPACE is less than 2, enter "4". The Highest Number Previously Paid For IN THIS SPACE is less than 2, enter "4".											

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the DSFT0 to process) an application. Confidentiality is governed by 35 US. of 22 and 37 CFR 1.14. This collection is estimated to bette 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete the form and/or supposetions for reducing this burden, should be sent to the Chief information Cliber. U.S. Patient and Trademark Office, U.S. Department of Commono. P.O. Box 1496, Alexandria, V. 2231-0. Dox 1496, 1409. DOX NOT SEND FEES OR COMPLETED FORMS TO THIS AUDIESS. SEND TO TO Commissioner for Patients, P.O. Box 1490, 1409. DOX NOT SEND FEES OR COMPLETED FORMS TO THIS